ANNUAL BURDEN ESTIMATES

Instrument	Number of respondents	Number of responses per respondent	Average burden hours per response	Total burden hours
Illinois parent survey	840	1	.75	630
Oregon parent survey	840	1	.75	630

Estimated Total Annual Burden Hours: 1,260

Additional Information: Copies of the proposed collection may be obtained by writing to the Administration for Children and Families, Office of Administration, Office of Information Services, 370 L'Enfant Promenade, SW., Washington, DC 20447, Attn: ACF Reports Clearance Officer. All requests should be identified by the title of the information collection. E-mail address: *infocollection@acf.hhs.gov.*

OMB Comment: OMB is required to make a decision concerning the collection of information between 30 and 60 days after publication of this document in the **Federal Register**. Therefore, a comment is best assured of having its full effect if OMB receives it within 30 days of publication. Written comments and recommendations for the proposed information collection should be sent directly to the following: Office of Management and Budget, Paperwork Reduction Project, Attn: Desk Officer for ACF. E-mail address: *Katherine_T._Astrich@omb.eop.gov.*

Dated: April 17, 2006.

Robert Sargis,

Reports Clearance Officer.

[FR Doc. 06–3822 Filed 4–21–06; 8:45 am]

BILLING CODE 4184–01–M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

Submission for OMB Review; Comment Request

Title: Grants to States for Access and Visitation: State Child Access Program Survey.

OMB No.: 0970–0204.

Description: On an annual basis, States must provide OCSE with data on programs that the Grants to States for Access and Visitation Program has funded. These program reporting requirements include, but are not limited to, the collection of data on the number of parents served, types of services delivered, program outcomes, client socio-economic data, referral sources, and other relevant data.

Respondents: State Child Access and Visitation Programs and State and/or local service providers.

ANNUAL BURDEN ESTIMATES

Instrument	Number of respondents	Number of responses per respondent	Average burden hours per response	Total burden hours
State Child Access Program Survey	324	1	15	4,860

Estimated Total Annual Burden Hours: 4,860.

Additional Information: Copies of the proposed collection may be obtained by writing to the Administration for Children and Families, Office of Administration, Office of Information Services, 370 L'Enfant Promenade, SW., Washington, DC 20447, Attn: ACF Reports Clearance Officer. All requests should be identified by the title of the information collection. E-mail address: *infocollection@acf.hhs.gov.*

OMB Comment: OMB is required to make a decision concerning the collection of information between 30 and 60 days after publication of this document in the **Federal Register.** Therefore, a comment is best assured of having its full effect if OMB receives it within 30 days of publication. Written comments and recommendations for the proposed information collection should be sent directly to the following: Office of Management and Budget, Paperwork Reduction Project, Attn: Desk Officer for ACF, E-mail address: *Katherine_T._Astrich@omb.eop.gov.*

Dated: April 17, 2006.

Robert Sargis,

Reports Clearance Officer.

[FR Doc. 06–3823 Filed 4–21–06; 8:45 am]

BILLING CODE 4184–01–M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Food and Drug Administration

[Docket No. 2003E–0030]

Determination of Regulatory Review Period for Purposes of Patent Extension; FASLODEX; Correction

AGENCY: Food and Drug Administration, HHS.

ACTION: Notice; correction.

SUMMARY: The Food and Drug Administration (FDA) is correcting a notice that appeared in the **Federal Register** of April 17, 2003 (68 FR 18992). The document announced that FDA had determined the regulatory review period for FASLODEX. A request for revision of regulatory review period was filed for the product on June 16, 2003. FDA reviewed its records and found that the effective date of the investigational new drug application (IND) was incorrect due to a clerical error. Therefore, FDA is revising the determination of the regulatory review period to reflect the correct effective date for the IND.

FOR FURTHER INFORMATION CONTACT: Claudia V. Grillo, Office of Regulatory Policy (HFD–13), Food and Drug Administration, 5600 Fishers Lane, Rockville, MD 20857, 240–453–6681.

SUPPLEMENTARY INFORMATION: In FR Doc. 03–9536, appearing on page 18992 in the **Federal Register** of April 17, 2003, the following corrections are made:

1. On page 18992, in the second column, in the second complete

paragraph, in the third line, ''1,935'' is corrected to read ''1,938''; in the fourth line, ''1,541'' is corrected to read ''1,544''.

2. On page 18992, in the second column, in the third complete paragraph, beginning in the fourth line, ''January 8, 1997'' is corrected to read ''January 5, 1997''; and the last two sentences are corrected to read: ''FDA has verified the applicant's claim that the date the investigational new drug application became effective was on January 5, 1997.''

Dated: March 22, 2006.

Jane A. Axelrad,

Associate Director for Policy, Center for Drug Evaluation and Research.

[FR Doc. E6–6083 Filed 4–21–06; 8:45 am]

BILLING CODE 4160–01–S

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Substance Abuse and Mental Health Services Administration

Agency Information Collection Activities: Proposed Collection; Comment Request

In compliance with Section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995 concerning opportunity for public comment on proposed collections of information, the Substance Abuse and Mental Health Services Administration (SAMHSA) will publish periodic summaries of proposed projects. To request more information on the proposed projects or to obtain a copy of the information collection plans, call the SAMHSA Reports Clearance Officer on (240) 276–1243.

Comments are invited on: (a) Whether the proposed collections of information are necessary for the proper performance of the functions of the agency, including whether the information shall have practical utility; (b) the accuracy of the agency's estimate of the burden of the proposed collection of information; (c) ways to enhance the quality, utility, and clarity of the information to be collected; and (d) ways to minimize the burden of the collection of information on respondents, including through the use of automated collection techniques or other forms of information technology.

Proposed Project: The National Executive Training Institutes To Reduce the Use of Seclusion and Restraint—NEW

The Center for Mental Health Services within the Substance Abuse and Mental Health Services Administration proposes to survey the recipients of the training and technical assistance provided through the National Technical Assistance Center's (NTAC) National Executive Training Institutes (NETI). The NETI was established to assist states in the reduction and elimination of seclusion and restraint (S&R). Six Regional NETI training events took place in 2003 and 2005. A total of 47 states and staff of 80 facilities were involved in the trainings. A NETI Survey was developed to identify the impact of the training on the implementation of strategies for the reduction of seclusion and restraint and adoption of alternative practices.

The NETI Survey is broken into 9 sections: Section I collects general information about the facility (name and state) and the person completing the questionnaire (name, title, phone number, if participated in NETI training and what NETI training participated in); Section II collects information about the type of facility or program that received the NETI training; Section III collects information about the types of persons served by the facility or program; and Sections IV though IX collect information about the strategies taught in the NETI training (Leadership, S/R Prevention and Reduction Tools, Use of S/R Data and Statistics, Staffing/Workforce Development, Consumer/Stakeholder Involvement, Barriers and Facilitators and other comments), specifically what strategies or changes were implemented before the NETI training, which were implemented after the NETI training, and which have not been implemented.

Among the data to be collected through the NETI Survey is information about the strategies taught in the NETI training for reducing the use of seclusion and restraint and adopting alternative practices. The NETI training has been accepted as a promising and best practice for reducing the use of seclusion and restraint, and as being on the evidence-based practices ladder. Current efforts are underway to move the NETI training up the evidence-based ladder to an effective practice. The use of evidence-based practices is one of the domains in the SAMHSA National Outcome Measures (NOMs).

Respondents will have the option of completing a paper or on-line version of the survey. The estimated annual response burden to collect this information is as follows:

Number of facilities	Responses per facility	Burden/response (hours)	Annual burden (hours)
80	1	1.50	120

Send comments to Summer King, SAMHSA Reports Clearance Officer, Room 7–1044, One Choke Cherry Road, Rockville, MD 20857. Written comments should be received within 60 days of this notice.

Dated: April 13, 2006.

Anna Marsh,

Director, Office of Program Services.

[FR Doc. E6–6056 Filed 4–21–06; 8:45 am]

BILLING CODE 4162–20–P

DEPARTMENT OF HOMELAND SECURITY

Bureau of Customs and Border Protection

Notice of Cancellation of Customs Broker License

AGENCY: Bureau of Customs and Border Protection, U.S. Department of Homeland Security.

ACTION: General notice.

SUMMARY: Pursuant to section 641 of the Tariff Act of 1930, as amended, (19 U.S.C. 1641) and the Customs Regulations (19 CFR 111.51), the following Customs broker licenses are cancelled without prejudice.

Name	License No.	Issuing port
M.G. Otero Co., Inc	12722	Los Angeles.
Bernard M. Vas	4463	San Francisco.